



# Commonwealth of Massachusetts Motor Vehicle Crash Operator Report

## When Should You File a Report

- You should file a report if you're the operator of a vehicle involved in a crash where the damage to any one vehicle or property is over \$1000, or if there is an injury to any person, even if a police officer was on the scene. You should file the report within 5 days of the date of the crash.

## When Should You NOT File a Report

- You should not file a report if the crash occurred on a private road, driveway, private parking lot or other private way.

## Why this Report is Important

Data from this report is used for many purposes including:

- Identifying locations with a large number of crashes.
- Improving dangerous highways and intersections.
- Developing highway safety public information programs.
- Developing programs to save lives and reduce highway injuries.

## How To Complete This Form

Please carefully complete all sections of this form that apply to your crash, **circling the answer** where appropriate. Illegible reports will be returned to you.

### Section A: Crash Location

- Complete section A1 or A2.
- Use official names of all locations, streets and landmarks.
- Use street name and route #, if applicable
- Be as precise as possible when describing the location.
- Provide enough information to locate the crash to a specific point, not just a street or roadway.

### Section B: Vehicle You Were Driving

- Provide information on your license and the vehicle you were driving.
- Use the codes provided to indicate the cause of the crash.

### Section C: You and Your Passengers

- Provide information on you and your passengers at the time of the crash.
- Use the codes provided to indicate occupant information.

### Section D: Other Vehicles Involved in the Crash

- Provide information on the other vehicle(s) and operator(s) involved in the crash.
- If more than one vehicle involved, please use additional form completing Section D only.

### Section E: Non-Motorist(s) Involved

- Provide information on the non-motorist(s) involved in the crash.
- If more than one non-motorist involved, please use additional form completing Section E only.

### Section F: Crash Conditions

- Use the codes provided to indicate the conditions at the time of the crash.

### Section G: Crash Diagram

- Draw a diagram of how the crash occurred.
- On the diagram, Vehicle 1 represents your vehicle.

### Section H: Witness Information

- List all the people who saw the accident but were not involved.

### Section I: Property Damage Information

- Indicate all non-vehicular property that was damaged in the crash.

### Section J: Crash Narrative

- Describe the crash including events prior to the crash for your vehicles and all other vehicles.

### Section K: Signature

- Please sign and print your name and indicate the date you completed the form.

### Where to send completed reports:

- ☐ Mail or deliver one copy to your local police department in the city or town where the crash occurred.
- ☐ Mail one copy to your Insurance Company
- ☐ Mail one copy to the RMV at the following address:

Crash Records  
Registry of Motor Vehicles  
P.O. Box 199100  
Boston, MA 02119-9100



City/Town Where Crash Occurred	Date of Crash	Time of Crash ____:____ AM ____ PM	# Vehicles Involved:
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Section A: Crash Location

Please complete Section A1 or A2 below to indicate the location of the crash.  
If you need additional space to describe the crash location, please use the Crash Narrative Section on the last page of this form.

<b>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</b>  <b>Step 1:</b> Please indicate the route or roadway where you were traveling when the crash occurred:  Route # _____ Name of Roadway/Street _____  <b>Step 2:</b> What was the name (or names) of the intersecting streets?  Route # _____ Name of Roadway/Street _____  Route # _____ Name of Roadway/Street _____	OR	<b>SECTION A2: Complete this Section if the crash did NOT occur at an intersection:</b>  <b>Step 1:</b> Please indicate the route, roadway and address where the crash occurred:  The crash occurred on Route #: _____ at Street or Address Number: _____  on the Street/Roadway known as: _____  <b>Step 2:</b> Please provide as much of the following specific location information as possible:  The crash occurred (estimate the number of feet) _____ feet (indicate direction as N/S/E/W) _____ of a) Mile Marker number _____ OR: b) Exit Number _____ OR: c) Intersecting Street/Roadway _____ Route # _____ Street/Roadway Name _____ OR: d) Landmark _____
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Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): _____				Was vehicle damage above \$1000? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driver's License Number	License State	Date of Birth	Age	Sex _ M _ F	License Class _ D _ A _ B _ C _ M _ Unknown	Commercial Driver's License Endorsements H _ Hazardous N _ Tank vehicles P _ Passenger transport T _ Doubles/triples X _ Tank and Hazardous	
Your Full Name (Last, First, Middle)			Street Address		City/Town State Zip		
Insurance Company		Vehicle Registration #	Reg. Type	Reg. State	Vehicle Year	Vehicle Make	

**Indicate your type of vehicle**

1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	97 Other
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle	
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles		

Full Name of Vehicle Owner (Last, First, Middle)		Street Address		City/Town		State Zip	
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Vehicle Travel Direction  _ N _ S _ E _ W	What Was Your Vehicle Doing Prior to Crash?					
	1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other	
	2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown	
	3 Turning right	6 Entering traffic lane	9 Overtaking/passing			

**Please Indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-52, or 97, 99) in up to 4 boxes below.**

What happened first?	What happened 2 <sup>nd</sup> (if applicable)?	What happened 3 <sup>rd</sup> (if applicable)?	What happened 4 <sup>th</sup> (if applicable)?
□	□	□	□

<b><u>Collision with</u></b> 1 Motor vehicle in traffic 2 Parked motor vehicle 3 Pedestrian 4 Cyclist 5 Animal-deer 6 Animal-other 7 Moped 8 Work zone maintenance equipment 9 Railway vehicle (train, engine) 10 Other movable object 11 Unknown movable object 20 Curb 21 Tree 22 Utility pole	23 Light pole or other post/support 24 Guardrail 25 Median barrier 26 Ditch 27 Embankment/Sloping shoulder 28 Highway traffic signpost 29 Overhead sign support 30 Fence 31 Mailbox 32 Crash cushion/Impact attenuator 33 Bridge 34 Bridge overhead structure 35 Other fixed object (wall, building, tunnel) 36 Unknown fixed object	<b><u>Non-Collision</u></b> 40 Ran off road right 41 Ran off road left 42 Cross median/centerline 43 Overturn/rollover 44 Equipment failure (blown tire, brakes, etc) 45 Fire/explosion 46 Immersion 47 Jackknife 48 Cargo/equipment loss or shift 49 Separation of units 50 Downhill runaway 51 Other non-collision 52 Unknown non-collision 97 Other 99 Unknown
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Was your Vehicle Towed From the Scene Due to Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Damaged Area (circle up to three)		10 Undercarriage 11 Totalled
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## Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

		Date of Birth/Age	Sex (M/F)	A	B	C	D	E	F	G	H	Name of Medical Facility
<b>Driver (See previous page)</b>												
<b>Name of Passenger 1 (Last, First, Middle)</b>												
Address												
City/Town State Zip												
<b>Name of Passenger 2 (Last, First, Middle)</b>												
Address												
City/Town State Zip												
<b>Name of Passenger 3 (Last, First, Middle)</b>												
Address												
City/Town State Zip												
<b>A. Seating Position</b>				<b>B. Safety System Used</b>		<b>C. Air Bag Status</b>		<b>D. Air Bag Switch</b>				
1 Front seat - left side (or motorcycle driver) 2 Front seat - middle 3 Front seat - right side 4 Second seat - left side (or motorcycle passenger) 5 Second seat - middle 6 Second seat - right side 7 Third row - left side (or motorcycle passenger) 8 Third row - middle 9 Third row - right side 10 Sleeper section of cab 11 Enclosed passenger area 12 Unenclosed passenger area 13 Trailing unit 14 Riding on vehicle exterior 97 Other 99 Unknown				0 None used 1 Shoulder and lap belt 2 Lap belt only 3 Shoulder belt only 4 Child safety seat 5 Helmet 99 Unknown		1 Deployed-front 2 Deployed-side 3 Deployed both front and side 4 Not deployed 5 Not applicable 99 Unknown		1 Switch in ON position 2 Switch in OFF position 3 ON-OFF switch not present 4 Unknown if switch is present 99 Unknown				
<b>E. Ejected From Vehicle?</b>		<b>F. Trapped?</b>		<b>G. Injured?</b>				<b>H. Transported for Medical Care?</b>				
0 Not ejected 1 Totally ejected 2 Partially ejected 3 Not applicable 99 Unknown		0 Not trapped 1 Freed by mechanical means 2 Freed by non-mechanical means 99 Unknown		1 Fatal injury <u>Non-fatal injury:</u> 2 Incapacitating 3 Non-incapacitating 4 Possible 5 No injury 99 Unknown				1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown				

## Section D: Other Vehicle(s) Involved in the Crash

Number of occupants in the Vehicle: ____		Was vehicle Damage above \$1000? __ Yes __ No		Moped? __ Yes __ No		Hit and Run? __ Yes __ No	
Driver's License Number	License State	Date of Birth	Age	Sex __ M __ F	License Class __ D __ A __ B __ C __ M __ Unknown	Commercial Driver's License Endorsements H __ Hazardous N __ Tank vehicles P __ Passenger T __ Doubles/triples X __ Tank and Hazardous transport	
Full Name of Vehicle Driver (Last, First, Middle)		Street Address		City/Town		State Zip	
Insurance Company		Vehicle Registration #	Reg. Type	Reg. State	Vehicle Year	Vehicle Make	
<b>Indicate type of vehicle</b>							
1 Passenger car 2 Light truck (van, mini-van, pick-up, sport utility) 3 Motorcycle 4 Bus (15 or more passengers) 5 Bus (7-15 passengers) 6 Single-unit truck (2 axles) 7 Single-unit truck (3 or more axles) 8 Truck/trailer 9 Truck tractor (bobtail) 10 Tractor/semi-trailer 11 Tractor/doubles 12 Tractor/triples 13 Unknown heavy truck 14 Motor home/recreational vehicle 97 Other 99 Unknown							
Full Name of Vehicle Owner (Last, First, Middle)		Street Address		City/Town		State Zip	
Vehicle Travel Direction __ N __ S __ E __ W	<b>What Was The Vehicle Doing Prior to Crash?</b>						
	1 Travelling straight ahead 2 Slowing or stopped 3 Turning right 4 Turning left 5 Changing lanes 6 Entering traffic lane 7 Leaving traffic lane 8 Making U-turn 9 Overtaking/passing 10 Backing 11 Parked 97 Other 99 Unknown						

## Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved		1 Pedestrian		2 Cyclist		3 Skater		97 Other		99 Unknown	
<b>What was the non-motorist doing prior to the crash?</b>				<b>Where was the non-motorist prior to the crash?</b>							
1 Entering or crossing location 2 Walking, running or cycling 3 Working 4 Pushing vehicle 5 Approaching or leaving vehicle 6 Working on vehicle 7 Standing 97 Other 99 Unknown				1 Marked crosswalk at intersection 2 At intersection but no crosswalk 3 Non-intersection crosswalk 4 In roadway 5 Not in roadway 6 Median (but not on shoulder) 7 Island 8 Shoulder 9 Sidewalk 10 Shared-use path or trails 99 Unknown							
Date of Birth/Age	Sex __ M __ F	Full Name of Non-Motorist (Last, First, Middle)		Street Address		City/Town		State		Zip	
<b>Safety Equipment?</b>				<b>Injured?</b>				<b>Transported for Medical Care?</b>			
0 None used 6 Helmet 7 Protective pads (elbows, knees, etc.) 8 Reflective clothing 9 Lighting 10 Other 99 Unknown				1 Fatal injury <u>Non-fatal injury:</u> 2 Incapacitating 3 Non-incapacitating 4 Possible 5 No injury 99 Unknown				1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown			
If transported, please indicate Hospital/Medical Facility:											



## Section F: Crash Conditions

<b>Light Conditions</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unknown roadway lighting 97 Other 99 Unknown	<b>Weather Conditions (up to two)</b> 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Sleet, hail, freezing rain 6 Fog, smog, smoke 7 Severe crosswinds 8 Blowing sand, snow 97 Other 99 Unknown	<b>Traffic Control Device</b> 1 No controls 2 Stop signs 3 Traffic control signal 4 Flashing traffic control signal 5 Yield signs 6 School zone signs 7 Warning signs 8 Railroad crossing device 99 Unknown	<b>Was the traffic control device functioning at the time of the crash?</b>  1 ___ Yes 2 ___ No	<b>Road Surface</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, mud, dirt, oil, gravel 6 Water (standing, moving) 7 Slush 8 Other 99 Unknown	<b>Roadway Intersection Type</b>  1 Not at intersection 2 Four-way intersection 3 T-intersection 4 Y-intersection 5 On ramp 6 Off ramp 7 Traffic circle 8 Five-point or more 9 Driveway 10 Railway grade crossing 99 Unknown
<b>Trafficway Description</b> 1 Two-way, not divided 2 Two-way, divided, unprotected median 3 Two-way divided, protected median 4 One-way, not divided 99 Unknown	<b>School Bus Related?</b>  1 ___ Yes 2 ___ No	<b>Work Zone Related?</b>  1 ___ Yes 2 ___ No	<b>Manner of Collision</b> 1 Single vehicle crash 2 Rear-end 3 Angle 4 Sideswipe, same direction 5 Sideswipe, opposite direction	6 Head on 7 Rear to rear 99 Unknown	

## Section G: Crash Diagram

	<b>Please draw a diagram of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel using the following symbols:</b> → = Direction <input type="checkbox"/> = Vehicle 1 (Your Vehicle) <input type="checkbox"/> = Vehicle 2 O = Pedestrian/Non-Motorist
	<b>Select one of the following if the crash did not occur on a public way:</b>  <input type="checkbox"/> Off-street parking lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/shopping center <input type="checkbox"/> Other private way

## Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone

## Section I: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description

## Section J: Crash Narrative


## Section K: Signature

_____ "Signed under Pains and Penalties of Perjury"	Print _____	Date _____
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